



**Public Hearing on “The Public Health Element of the
District’s COVID-19 Response”**

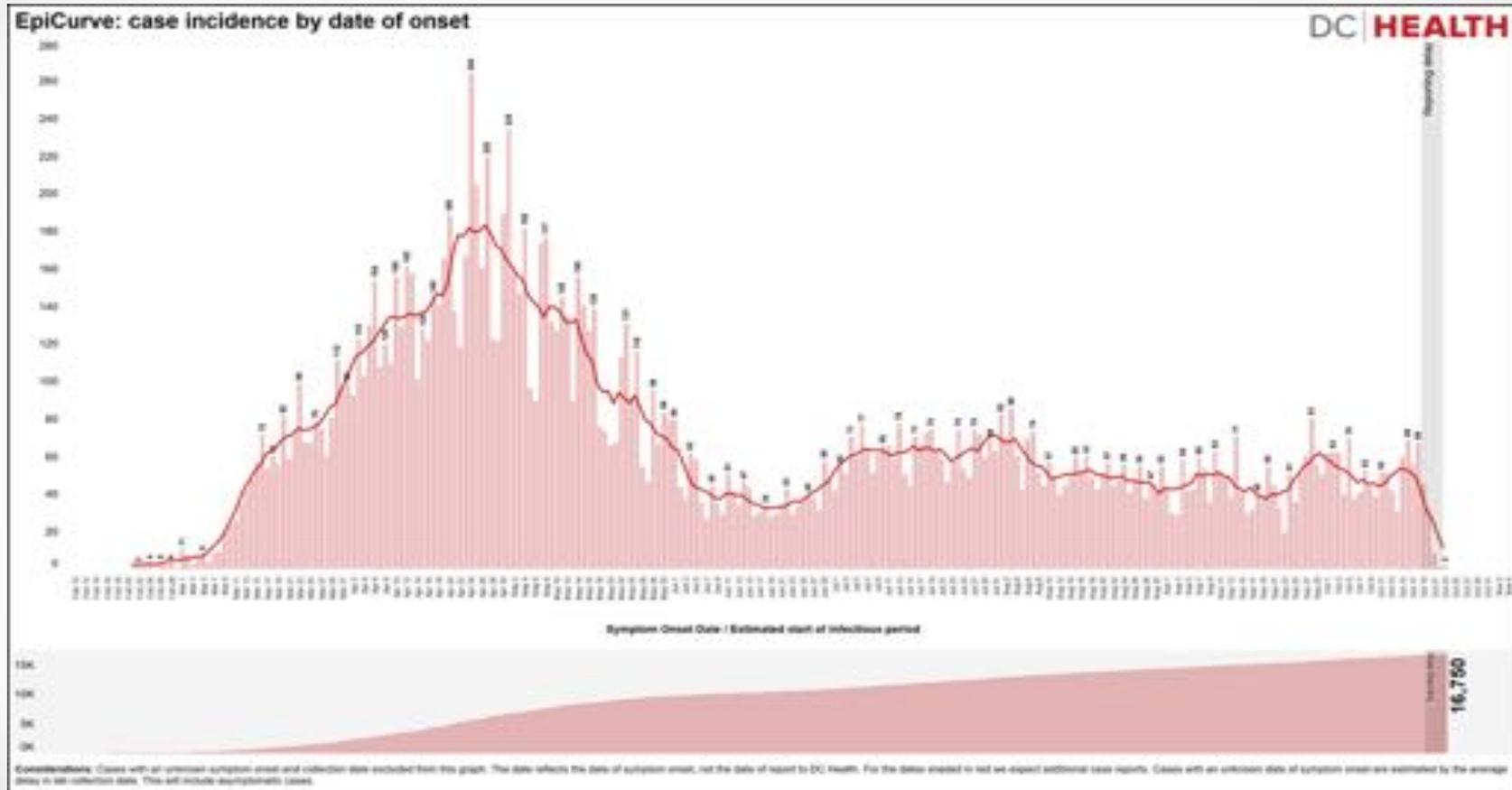
**Dr. LaQuandra S. Nesbitt, Director
District of Columbia Department of Health**

October 28, 2020

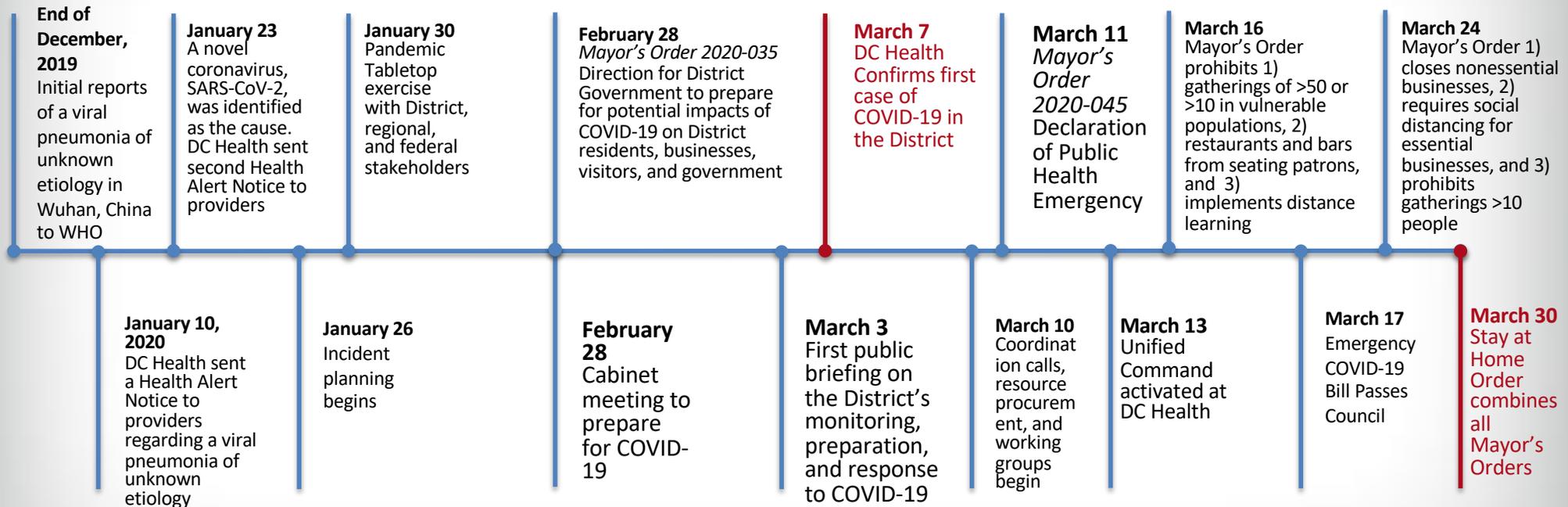
**Before the
Committee of Health
Council of the District of Columbia
The Honorable Vincent C. Gray, Chairperson**

**October 28, 2020
9:00 AM
WebEx Virtual Platform**

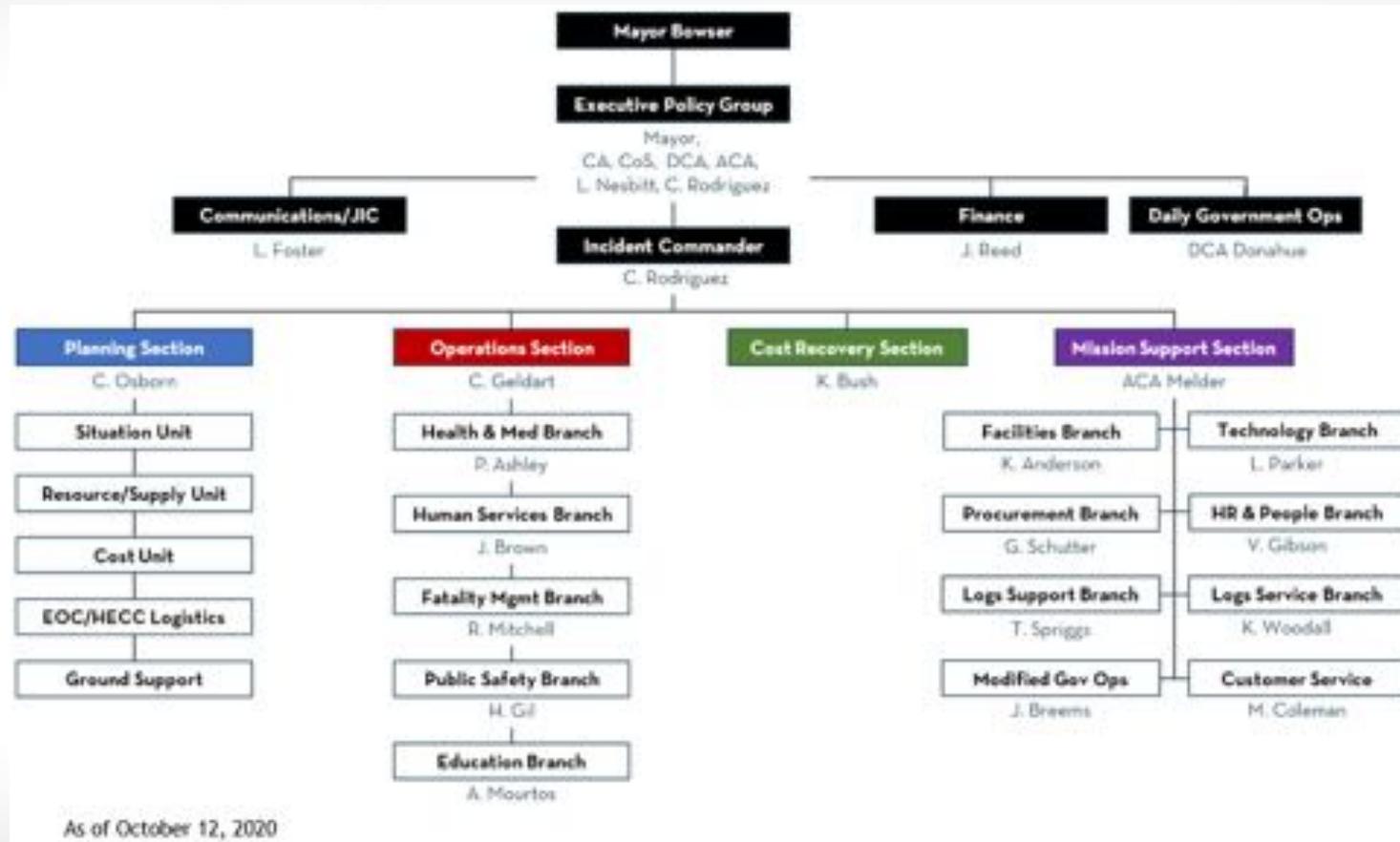
INCIDENT TIMELINE



PREPARING FOR AND RESPONDING TO COVID-19



DISTRICT RESPONSE



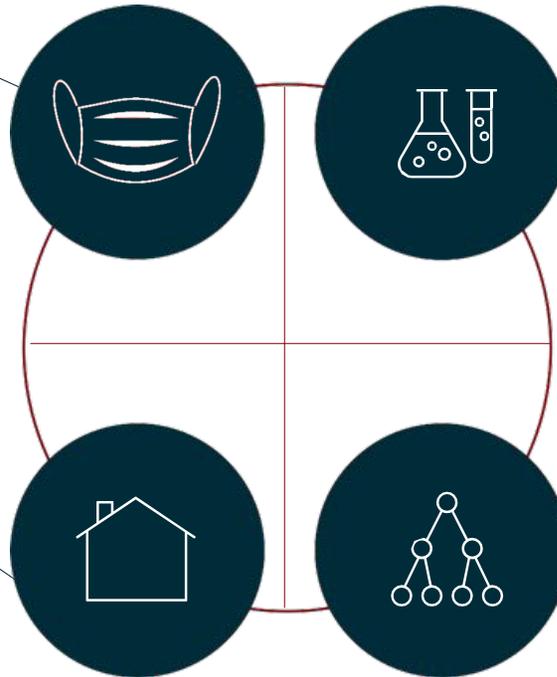
FLATTEN THE CURVE

PUBLIC HEALTH INTERVENTIONS

- Stay-at-home orders
- Mandatory mask orders
- Social distancing requirements
- Community guidelines
- Travel Advisory

ISOLATION & QUARANTINE

- **1** isolation and quarantine hotel (**203** rooms)
- **3** safe, alternate accommodations for high-risk community members (**464** rooms)



TESTING

- **197,726** residents tested
- District government operated testing:
 - **3** mass testing sites
 - **8** firehouses
 - **3** serology sites
 - **27** congregate care sites
- **2.2**-day test result turnaroundtime

CONTACT TRACING

- Contact Trace Force of **479** employees
- Attempted contact for **99.6%** of new cases within one day
- Attempted contact for **94.5%** of close contacts within two days

ENHANCED HEALTHCARE CAPACITY

PPE Support

- Over 1,000 deliveries of PPE to healthcare facilities

Surge Capacity

- 437-bed Alternate Care Site (ACS)
- Surge hospital capacity to 1,509 beds over current census of 2,497



WHERE WE ARE TODAY

REOPEN DC

- On May 21, after weeks of consulting with experts and community and industry leaders, the **ReOpen DC Advisory Group** presented their recommendations to the Mayor for a phased reopening.

March 30

Stay at Home
Order

May 29

Entered Phase 1
("Stay at Home
Lite")

June 22

Entered
Phase 2

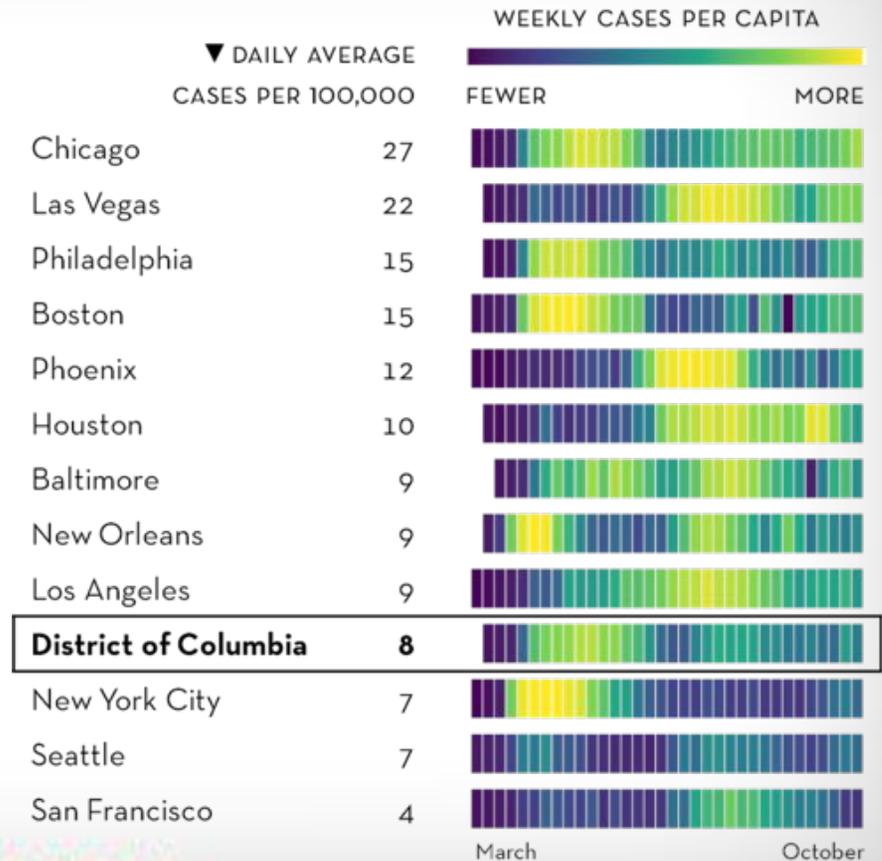
PHASE 2 – CURRENT GUIDANCE

Capacity Limits and Physical Distancing Required

- District Government operating on modified telework
- Mandatory mask wearing
- Self-quarantine after non-essential travel
- Mass gatherings over 50 people prohibited
- Non-essential retail business 50% indoor capacity
- Personal services by appointment only with capacity limits and physical distancing measures in place
- Indoor dining up to 50% capacity with capacity limits and physical distancing measures in place
- Fitness clubs and studios with limited access (5 people per 1,000 square feet)
- Houses of worship capacity up to of 50% capacity or 100 people indoors (whichever is less)
- Pilot program for theaters, cinemas, and entertainment venue waiver approvals
- Outdoor dining seating, streateries, and curbside pickup and delivery
- Parks, playgrounds, athletic fields and courts open
- Museums and galleries reopen with capacity limits and physical distancing measures in place
- National Zoo open for ticketed guests

WHERE WE STAND TODAY

The District is doing better than most big cities in daily cases per 100,000



DC REOPENING METRICS SUMMARY

Criteria

Metrics to be met for 14 consecutive days at each level before gradually entering the corresponding phase. Potential dial-backs are evaluated in conjunction with other data to inform decisions to re-establish restrictions.

Daily case rate (7-day avg. per 100,000 population)
Rate of transmission (Effective reproduction number R(t))
Test positivity rate (Percent positive from RT-PCR tests)
New cases from quarantined contacts (7 day average)
Percent hospital utilization (of available beds, without surge)
Percent COVID-19 patients (of daily hospital census, 7-day average)
Mean test turnaround time (7-day average)
Positive cases with contact attempt (within 1 day, 7 day avg.)
Close contacts with contact attempt (within 2 days, 7 day avg.)
Positive cases interviewed (within 3 days, 7-day average)

Phase 3	Phase 2	Phase 0/1
Minimal community spread, sufficient health and public health capacity, and excellent community engagement.	Moderate community spread, moderate health and public health capacity, and fair community engagement.	Substantial community spread, insufficient health and public health capacity, and poor community engagement.
<5	5 - 15	>15
N/A*	0.8 - 1.2	>1.2
<3%	3% - 10%	>10%
<60%	5% - 60%	>5%
<80%	80% - 90%	>90%
<5%	5% - 10%	>10%
<2 days	2 - 3 days	>3 days
>90%	80% - 90%	<80%
>90%	80% - 90%	<80%
>80%	70% - 80%	<70%

*Transmission rate becomes unreliable when daily case numbers are small

WHERE WE ARE TODAY

CURRENT STATUS
Yellow

Phase 2

Moderate community spread, moderate health and public health capacity, and fair community engagement.

Current Values (data through 10/24/20)

Level of Community Spread	Daily case rate	Rate of transmission	Test positivity rate	New cases from quarantined contacts
	8.1 (Oct 24) <small>7-day avg. per 100,000 pop.</small>	0.89 (Oct 14) <small>Effective reproduction number (R_t)</small>	1.9% (Oct 22) <small>Percent positive from RT-PCR tests</small>	7.0% (Oct 22) <small>7-day average</small>
Health System Capacity	Percent hospital utilization	Percent COVID-19 patients	Mean test turnaround time	Diagnostic tests conducted
	80.8% (Oct 24) <small>of available beds without surge</small>	4.5% (Oct 24) <small>of daily hospital census, 7-day average</small>	2.6 (Oct 24) <small>(days) 7-day average</small>	5,210 (Oct 21) <small>7-day avg. per million pop.</small>
Public Health System Capacity	Positive cases with contact attempt	Close contacts with contact attempt		
	99.7% (Oct 23) <small>7-day avg. attempt within 1 day</small>	99.4% (Oct 22) <small>7-day avg. attempt within 2 days</small>		
Community Engagement	Positive cases interviewed	Positive cases who provide close contacts	Mean number close contacts provided	Exposure Notification Opt-in
	74.7% (Oct 22) <small>7-day avg. completed within 3 days</small>	43.9% (Oct 22) <small>7-day avg.</small>	1.3 (Oct 22) <small>7-day avg. mean per positive case</small>	127,100 (Oct 22) <small>cumulative # of smart phones opted-in to official exposure notification system</small>

Data Source: DC Health

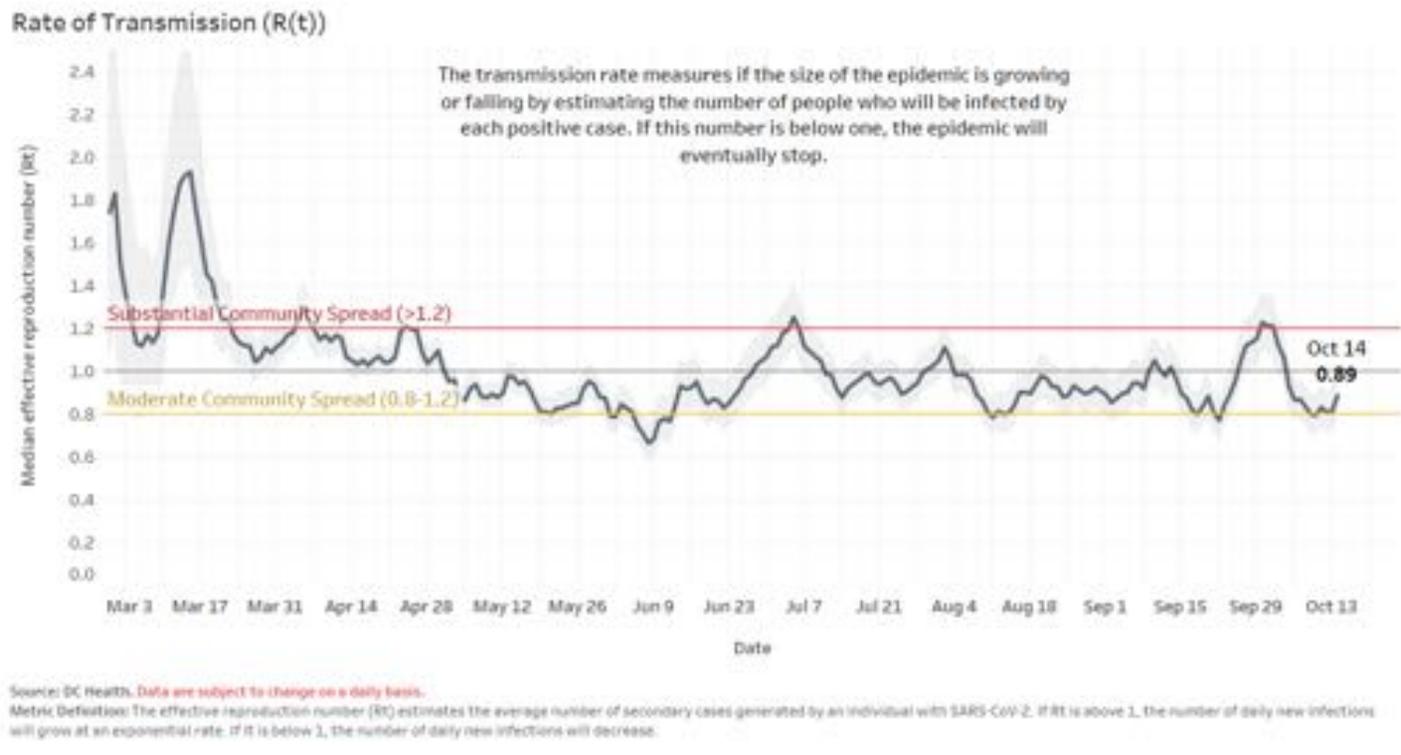
LEVEL OF COMMUNITY SPREAD

Daily Case Rate



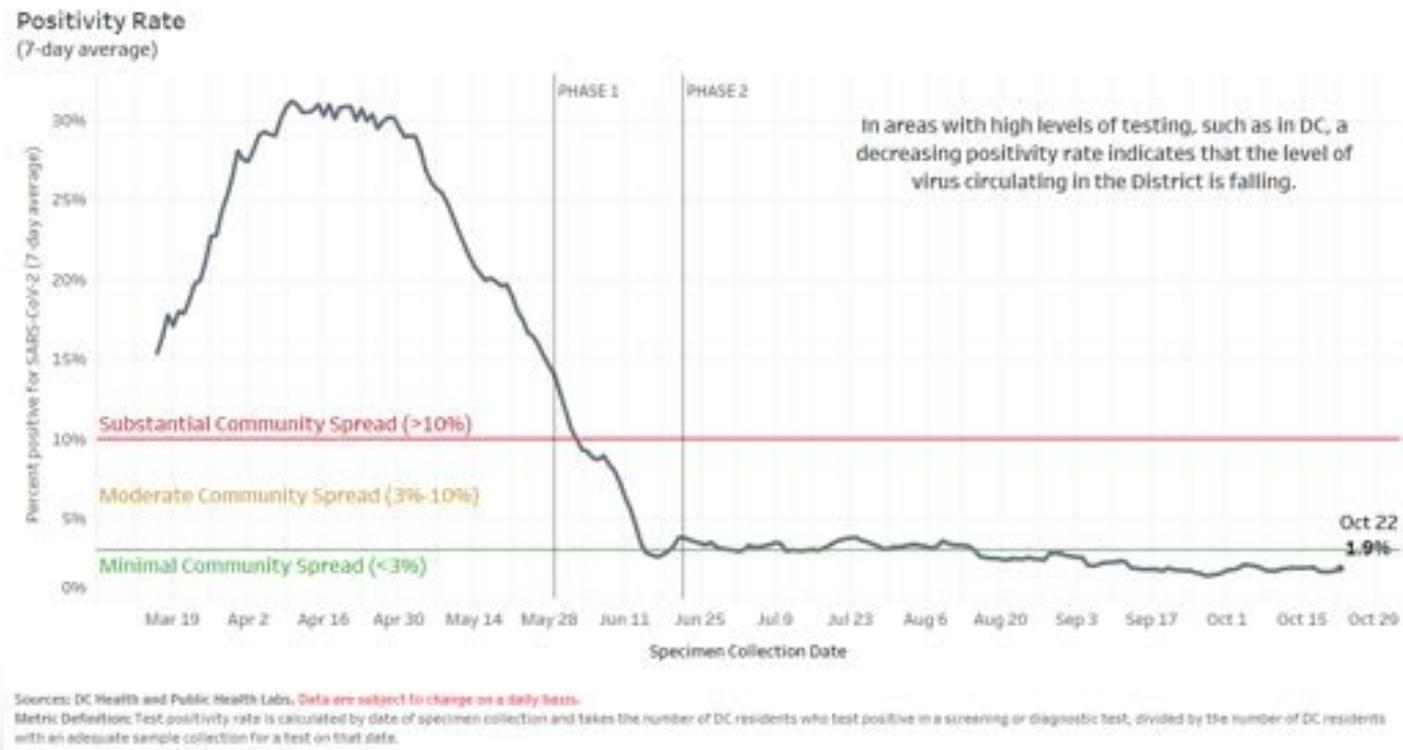
LEVEL OF COMMUNITY SPREAD

Rate of Transmission



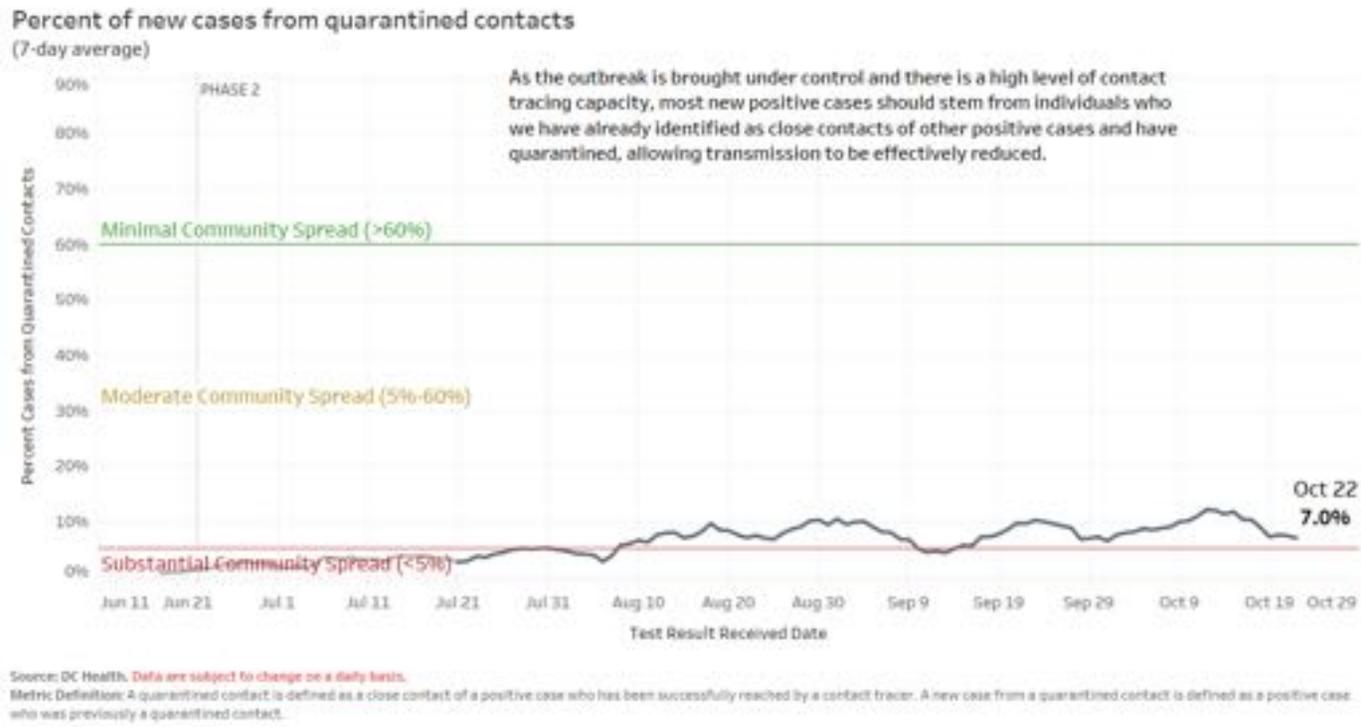
LEVEL OF COMMUNITY SPREAD

Test Positivity Rate



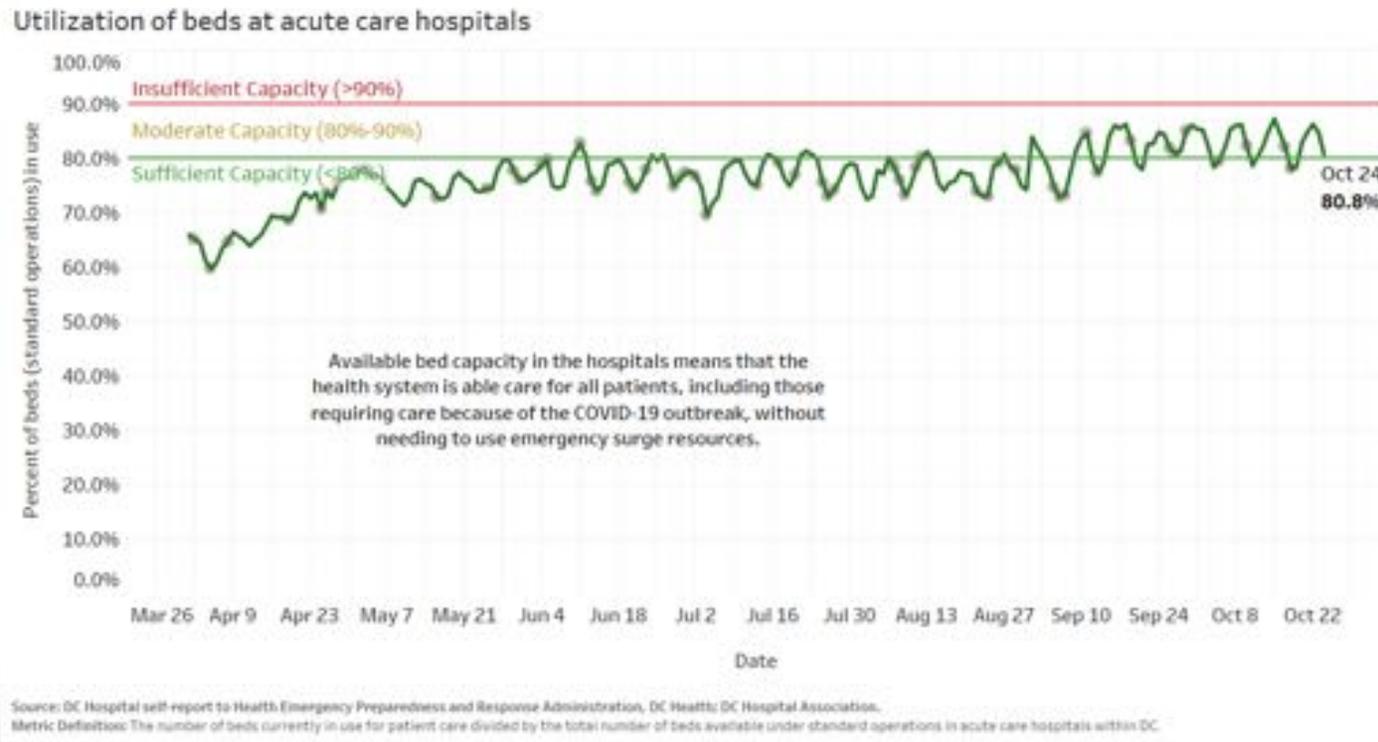
LEVEL OF COMMUNITY SPREAD

New Cases from Quarantined Contacts



HEALTH SYSTEM CAPACITY

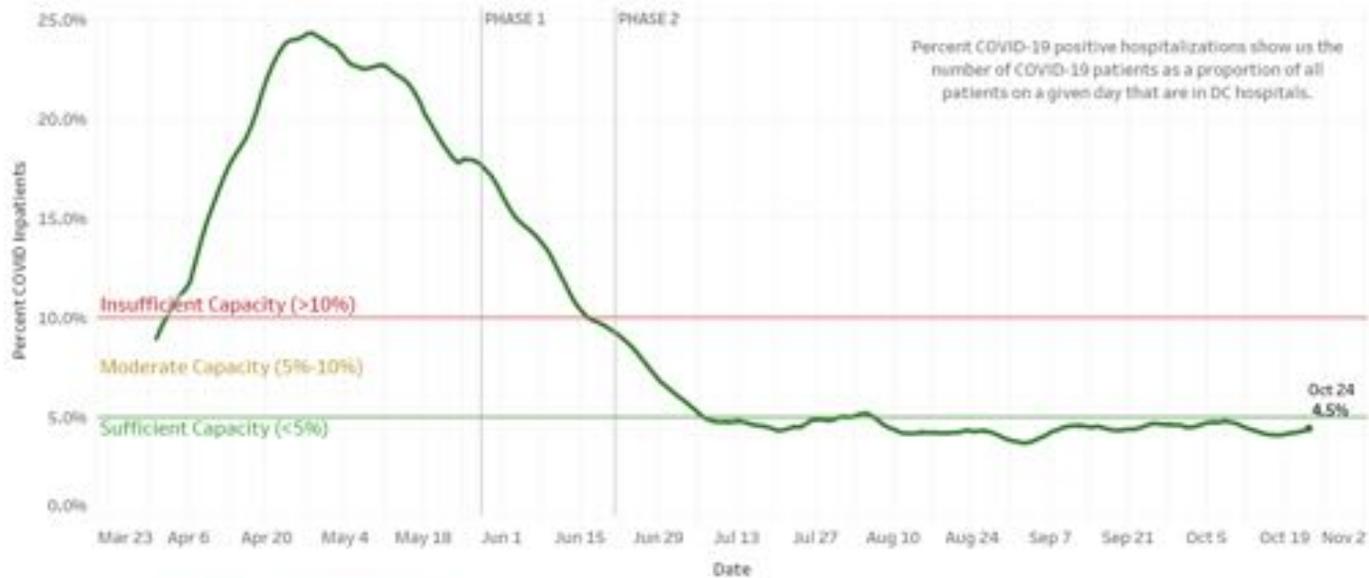
Percent Hospital Utilization



HEALTH SYSTEM CAPACITY

Percent COVID-19 Patients

Percent Hospitalizations that are COVID-19 Positive
(Acute Inpatient, 7-day average)

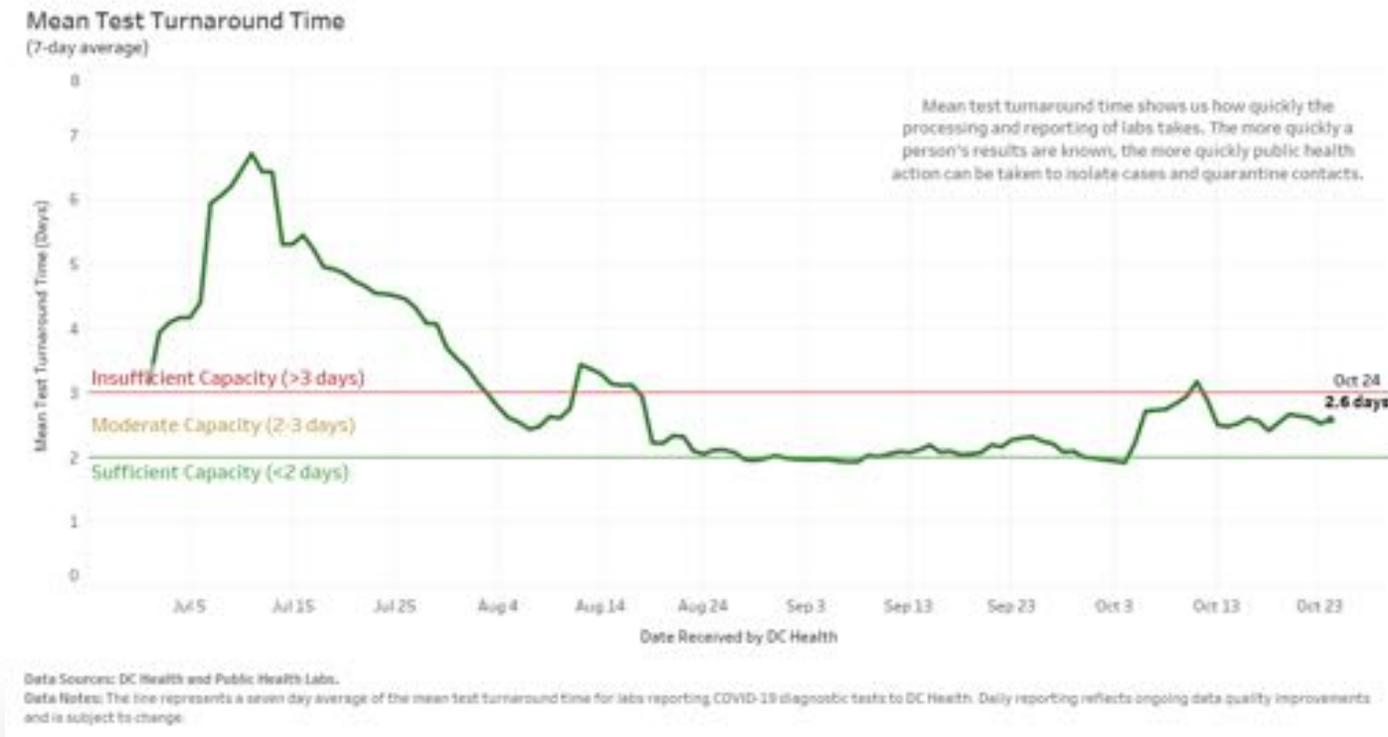


Data Source: DC Health. Data are subject to change on a daily basis.

Data note: The line represents a seven day average of the percentage of COVID-19 positive patients among the total number of hospitalized patients (i.e., the daily hospital census). Daily reporting of inpatients in DC hospitals includes individuals from other jurisdictions, and reflects ongoing data quality improvements.

HEALTH SYSTEM CAPACITY

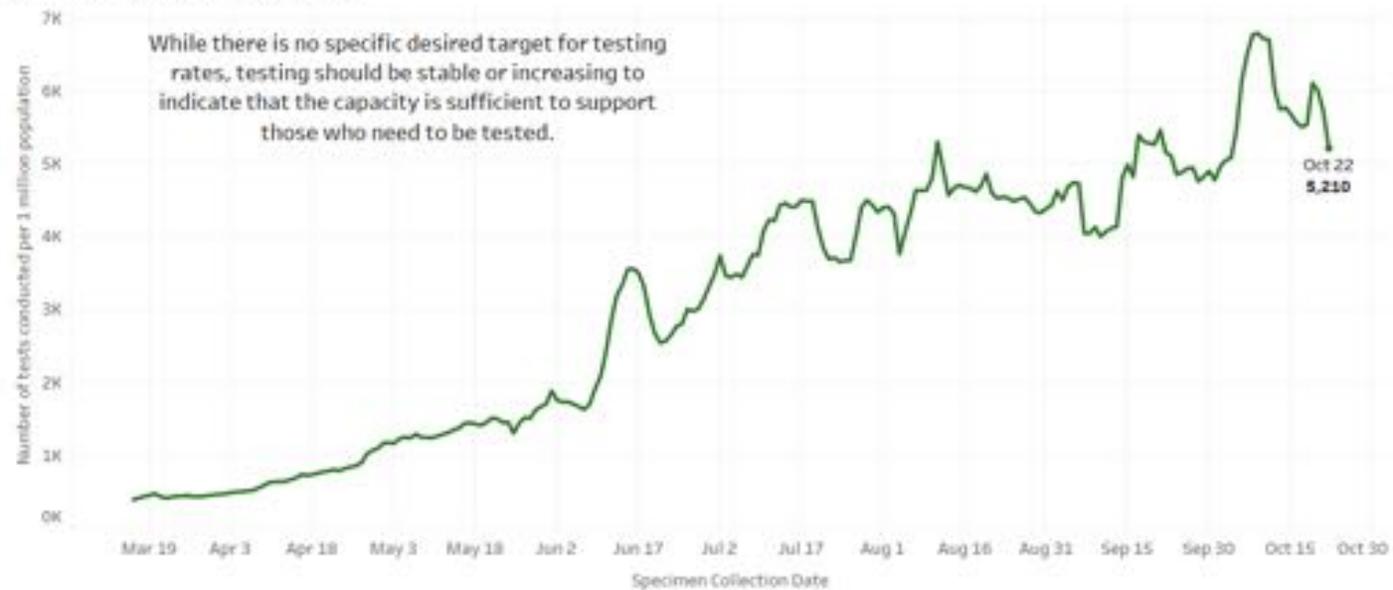
Mean Test Turnaround Time



HEALTH SYSTEM CAPACITY

Diagnostic Tests Conducted

COVID-19 Diagnostic Tests Conducted
per million population (7-day average)

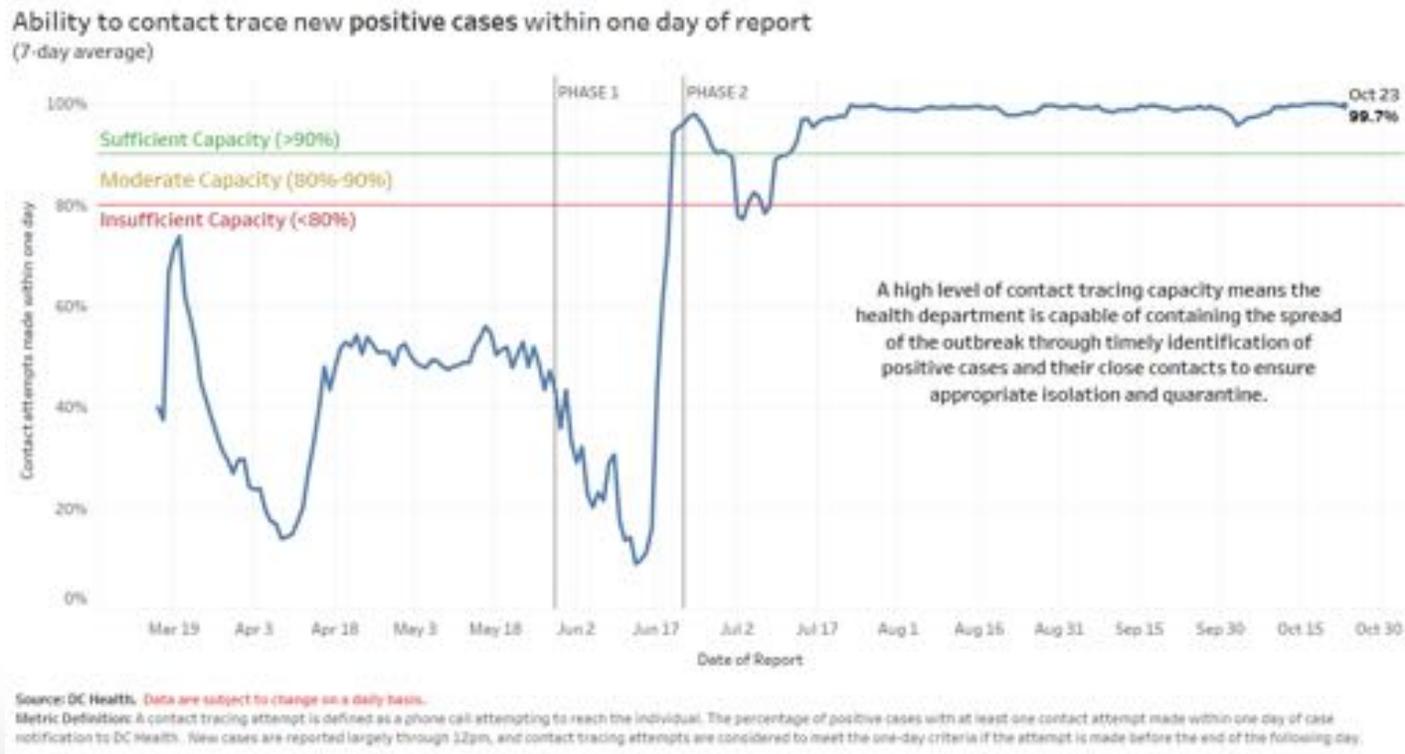


Sources: DC Health and Public Health Labs. *Data are subject to change on a daily basis.*

Data notes: The line represents a seven day average of the diagnostic tests conducted per 1,000,000 population. The daily report of tests conducted is subject to the timeliness of test results reported from laboratories. These data reflect ongoing data quality improvements.

PUBLIC HEALTH SYSTEM CAPACITY

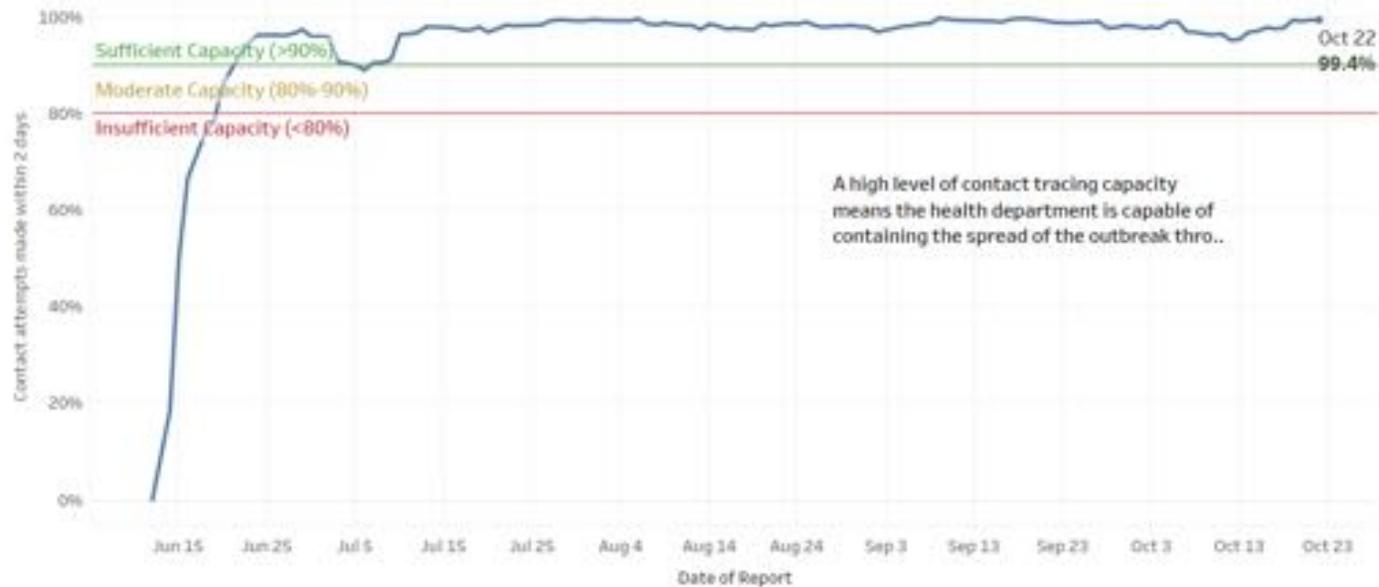
Positive Cases With Contact Attempt



PUBLIC HEALTH SYSTEM CAPACITY

Close Contacts With Contact Attempt

Ability to contact trace close contacts of positive cases within two days
(7-day average)



A high level of contact tracing capacity means the health department is capable of containing the spread of the outbreak thro..

Source: DC Health. Data are subject to change on a daily basis.

Metric Definition: A contact tracing attempt is defined as a phone call attempting to reach the individual. The percentage of close contacts of positive cases with at least one contact attempt made within two days of case notification to DC Health.

COMMUNITY ENGAGEMENT

Percent Cases Interviewed

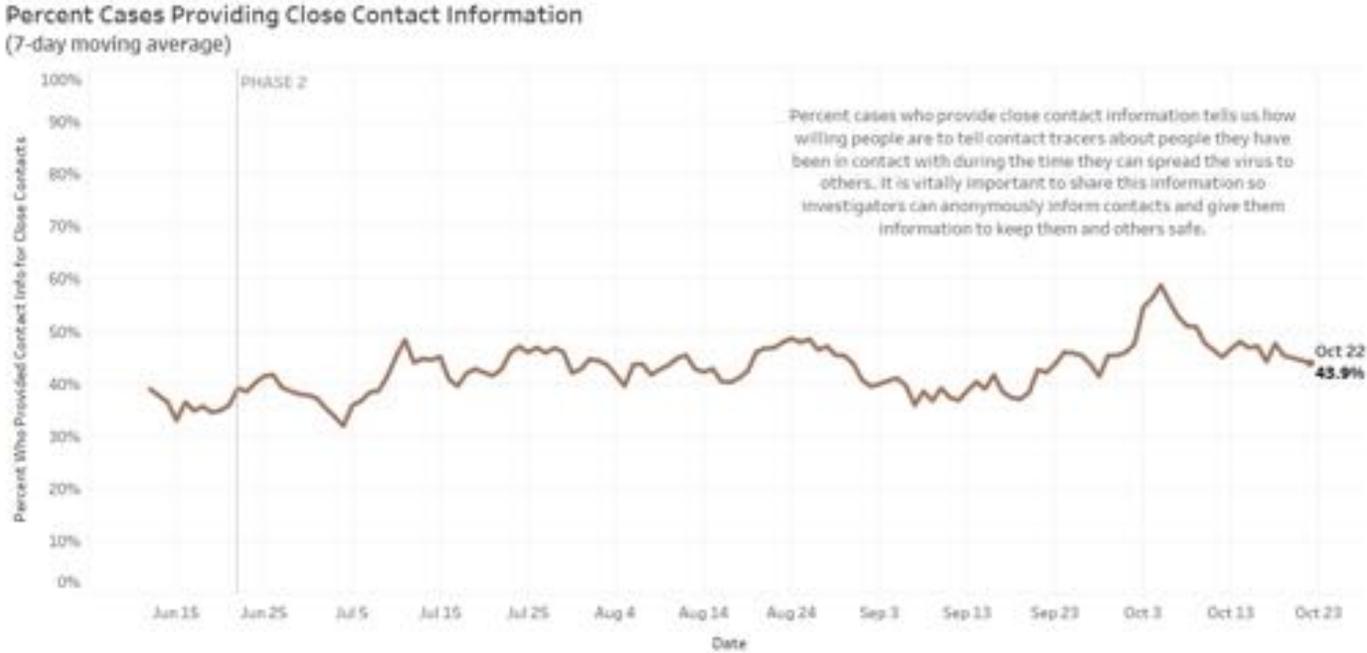


Positive case interviews completed quickly (within 3 days) are important not only to share instructions for isolation and to gather names and contact information of close contacts, but for continued investigation and notification. Delays make it difficult for us to implement public health actions to stop the spread of the virus to others.

Data Source: DC Health. Data subject to change on a daily basis.
Data Notes: The metric includes only DC residents, though out of state residents may be interviewed. Three contact attempts are made before a case is marked loss-to-followup.

COMMUNITY ENGAGEMENT

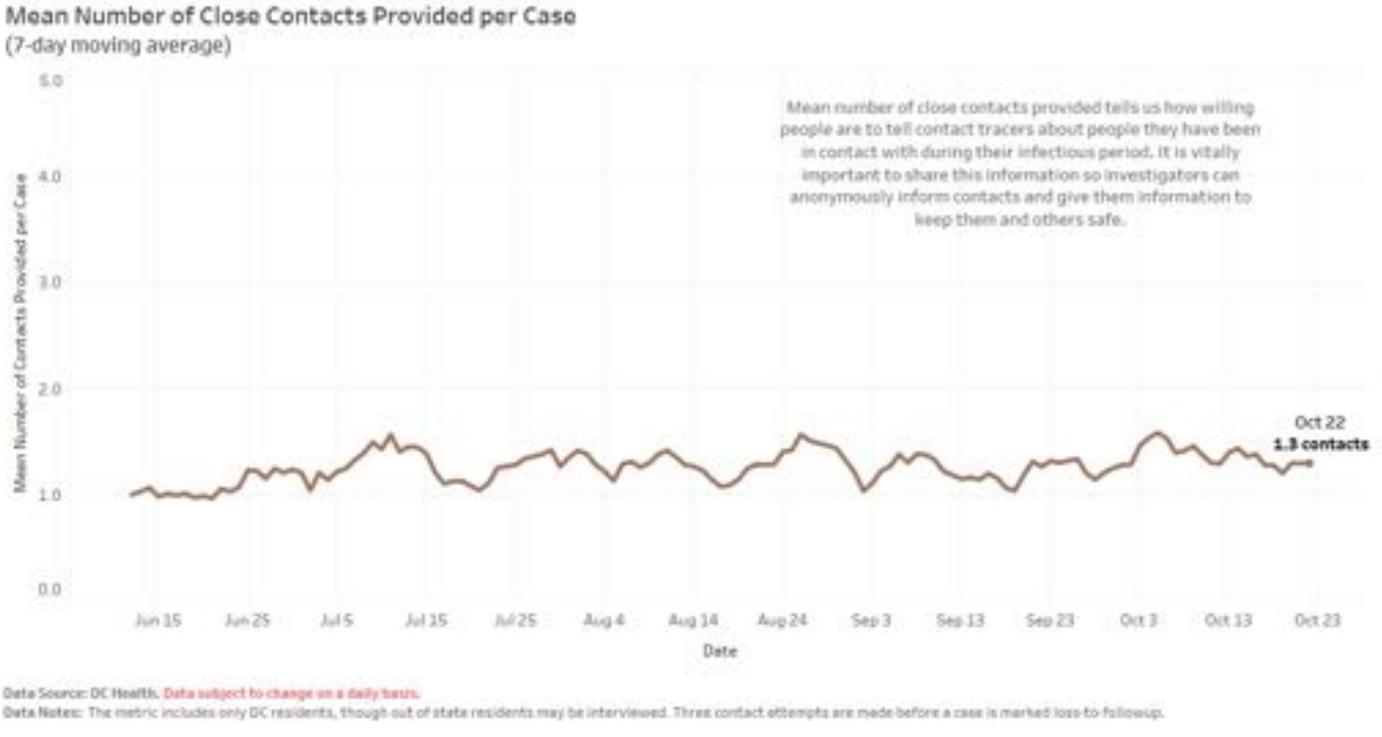
Positive Cases Who Provide Close Contacts



Data Source: DC Health. Data subject to change on a daily basis.
Data Notes: The metric includes only DC residents, though out of state residents may be interviewed. Three contact attempts are made before a case is marked loss-to-followup.

COMMUNITY ENGAGEMENT

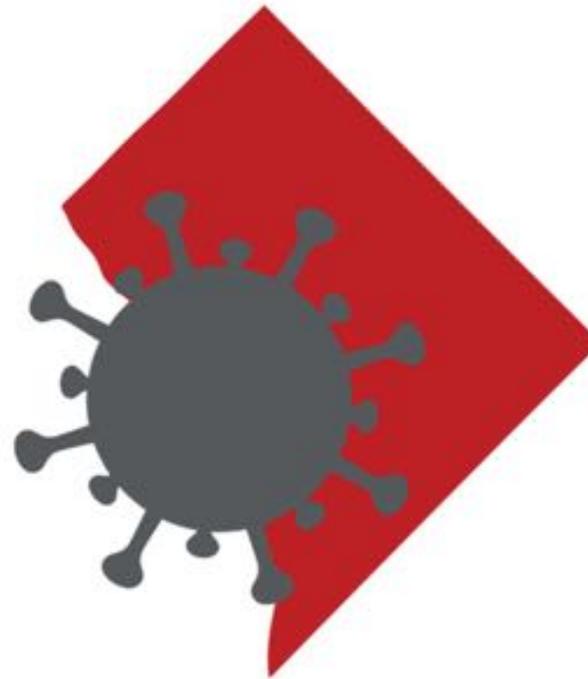
Mean Number Close Contacts Provided



COMMUNITY ENGAGEMENT

Exposure Notification Opt-In

127,100 Opt-ins
as of 10.22.20



**DC
COVID
ALERT
NOTICE**

Together, DC CAN
stop the spread.

DC | **HEALTH**

THE ROAD TO 2021 AND BEYOND

PLAN FOR THE CRITICAL MONTHS AHEAD

October

- Second wave and vaccination planning
- Plan for hybrid return to school
- Extreme weather and hurricane season
- Election Week

November

- Second wave and vaccination planning
- Commence hybrid return to school
- Election Day, pre-inauguration period, and related demonstrations
- Extreme weather and hurricane season
- Winter weather

December

- Second wave and vaccination planning
- Sustain hybrid school instruction
- Pre-inauguration period and related demonstrations
- Winter weather

January

- Second wave and vaccination planning
- Sustain hybrid school instruction
- Inauguration and related demonstrations
- Winter weather

PLANNING FOR A COVID-19 VACCINE

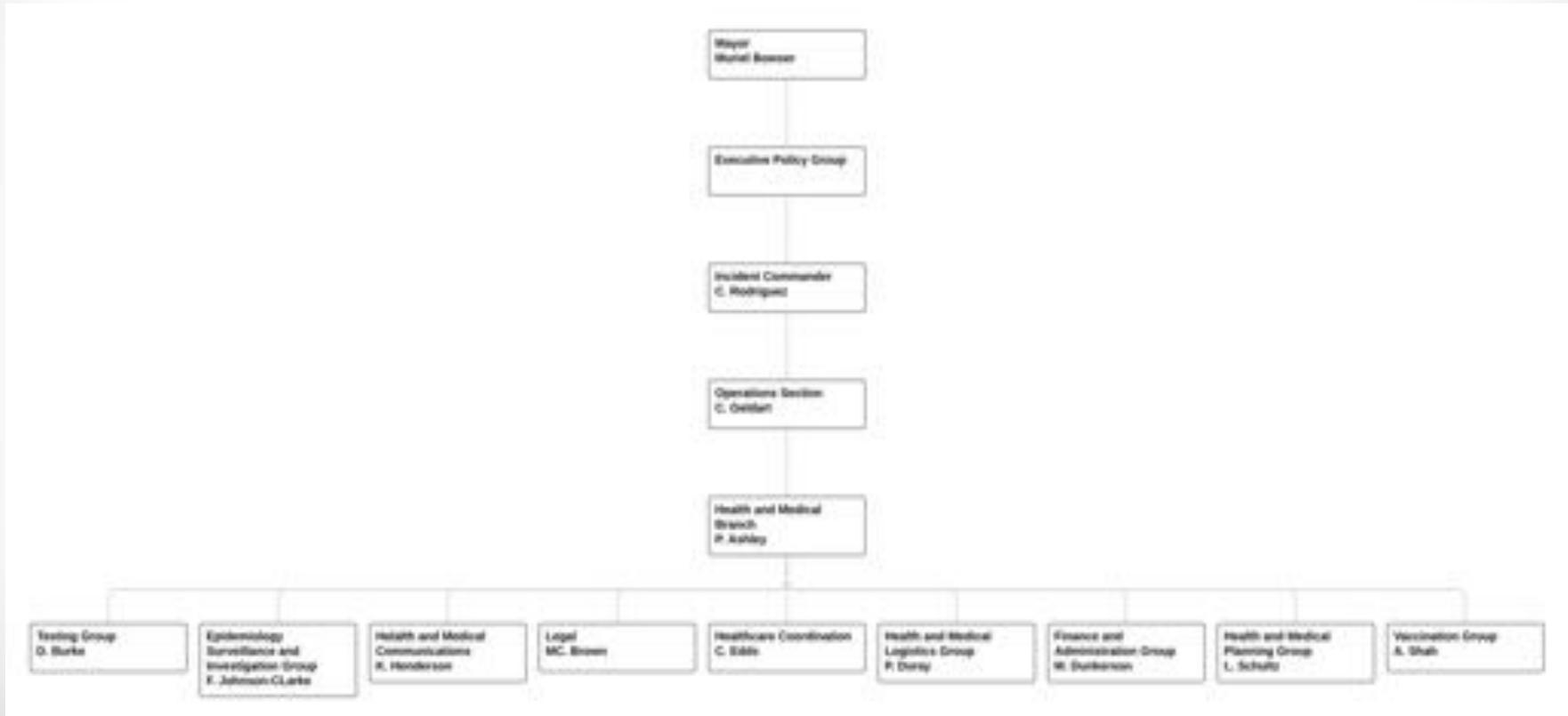


DC Health has been planning and preparing for the eventual COVID-19 vaccine by:

- Working closely with federal partners such as the CDC and the Health and Human Services Agency (HHS)
- Building a team of subject matter experts in vaccine science, policy, logistics, distribution, and administration.
- Strengthening previous as well as developing new public and private partnerships
- Launching a new Immunization Information System (IIS) to have easier vaccine ordering, tracking, and reporting

DISTRICT RESPONSE

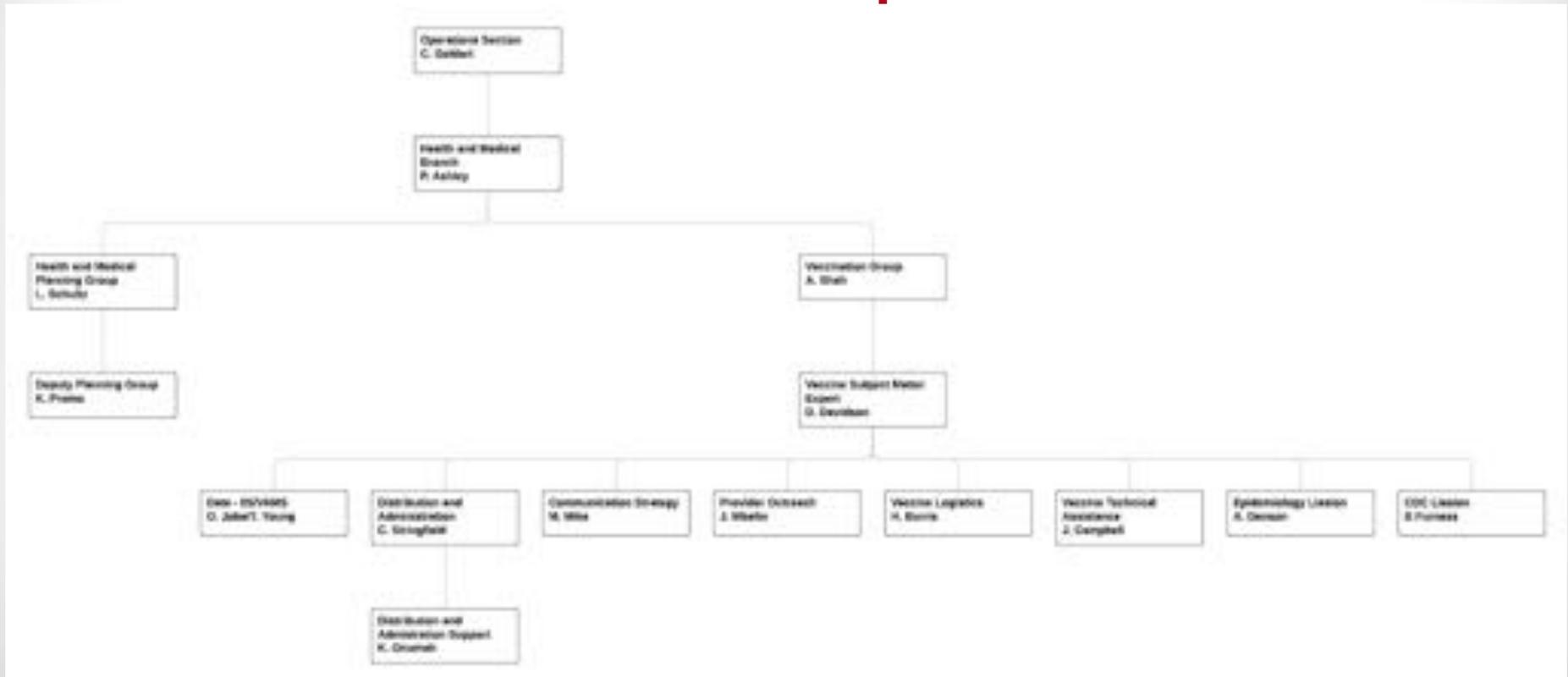
DC Health Structure



DC | **HEALTH**

DISTRICT RESPONSE

HEPRA & the Vaccination Group Structures



COVID-19 VACCINE PLANNING AND COORDINATION

- The DC Health staff of the COVID-19 Vaccination Planning and Coordination Team include:
 - Internal staff from the DC Health Community Health Administration;
 - Health Regulation and Licensing Administration;
 - Center for Policy Planning and Epidemiology; and
 - The Office of the Director (including the Office of Health Equity and the Office of Communications and Community Relations).
- The DC Health COVID-19 Vaccine Planning and Coordination Team includes:
 - Subject Matter Experts (SME) in emergency management;
 - Immunization science;
 - IT systems;
 - Pandemic planning;
 - Public health immunization policy;
 - Disease surveillance; and
 - Communications.

COVID-19 VACCINE GROUP

NATIONAL ACADEMY OF MEDICINE: FRAMEWORK FOR AN EQUITABLE ALLOCATION OF COVID-19 VACCINE

Foundational Ethical Principles

Maximum benefit: The obligation to protect and promote the public's health and its socioeconomic well-being in the short and long term.

Equal concern: The obligation to consider and treat every person as having equal dignity, worth, and value.

Mitigation of health inequities: The obligation to explicitly address the higher burden of COVID-19 experienced by the populations affected most heavily, given their exposure and compounding health inequities.

Foundational Procedural Principles

Fairness: Decisions should incorporate input from affected groups, especially those disproportionately affected by the pandemic. Once informed by public input, decisions should be data-driven and made by impartial decision makers, such as public health officials.

Transparency: The obligation to communicate with the public openly, clearly, accurately, and straightforwardly about the vaccine allocation criteria and framework, as they are being developed and deployed.

Evidence-based: Vaccination phases, specifying who receives the vaccine when, should be based on the best available scientific evidence, regarding risk of disease, transmission, and societal impact.

COVID-19 VACCINE GROUP

NATIONAL ACADEMY OF MEDICINE: FRAMEWORK FOR AN EQUITABLE ALLOCATION OF COVID-19 VACCINE

Goal

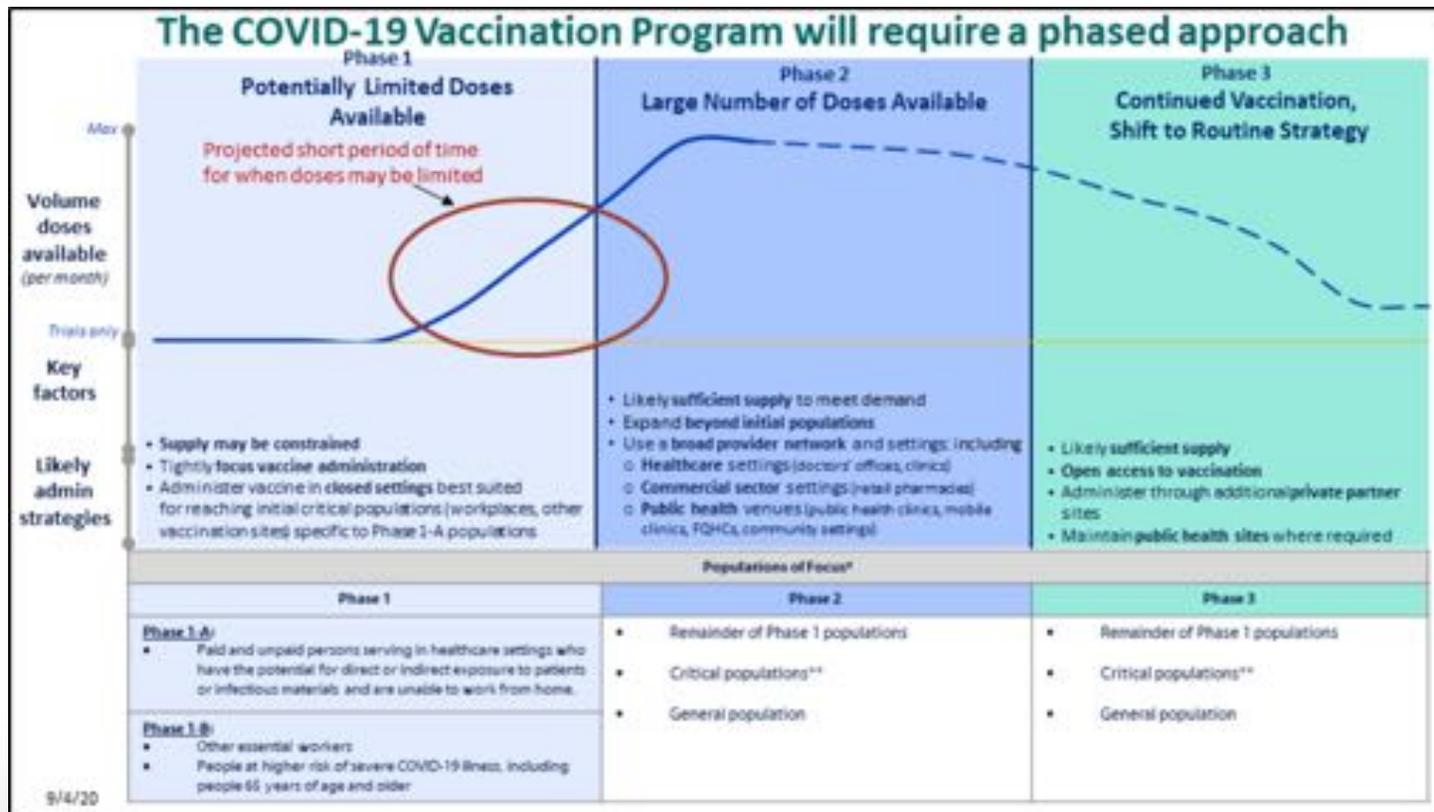
Reduce severe morbidity and mortality and negative societal impact due to the transmission of SARS-CoV-2

Allocation Criteria

Risk of: 1) acquiring infection; 2) severe morbidity and mortality; 3) negative societal impact; and 4) transmitting infection to others

COVID-19 VACCINE GROUP

CDC PHASED APPROACH TO VACCINATION



COVID-19 VACCINE GROUP

CDC PHASED APPROACH TO VACCINATION

Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) will publish vaccination recommendations *after* vaccine approval by the Food and Drug Administration (FDA).

Phase 1-A: Paid and unpaid people serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home.

Phase 1-B: People who play a key role in keeping essential functions of society running and cannot socially distance in the workplace (e.g., healthcare personnel not included in Phase 1-A, emergency and law enforcement personnel not included in Phase 1-A, food packaging and distribution workers, teachers/school staff, childcare providers), and people at increased risk for severe COVID-19 illness, including people 65 years of age or older.

DC COVID-19 VACCINATION PLAN

CDC COVID-19 VACCINATION PROGRAM PLAYBOOK FOR JURISDICTIONS

- 15 section guiding document that includes
 - Preparedness Planning
 - COVID-19 Organizational Structure & Partner Involvement
 - Phased Approach to COVID-19 Vaccination
 - Critical Populations
 - Provider Recruitment and Enrollment
 - Vaccine Administration Capacity
 - Vaccine Allocation, Ordering, Distribution, and Inventory Management
 - Vaccine Storage and Handling
 - Vaccine Administration Documentation and Reporting
 - Vaccination Second-Dose Reminders
 - Requirements for IIS and other External Systems
 - Regulatory Considerations
 - Vaccine Safety Monitoring
 - Vaccine Program Monitoring

DC COVID-19 VACCINATION PLAN

Executive Summary

- District's Phase 1 vaccine allocation is based on the critical infrastructure workforce *serving and working in the District*, as opposed to just those workers who are District residents.
- District's Phase 1 vaccine allocation identifies *all* individuals working in a specific setting as opposed to specific profession types in those settings.
- Focus to have vaccine access to populations that have been disproportionately affected by the COVID-19 pandemic, such as District Seniors, those with chronic medical conditions, and racial and ethnic minorities.
- Ensuring strong vaccine safety monitoring and tracking
- Importance of clear, transparent, and honest public health messaging to battle vaccine hesitancy among high priority populations.

DC COVID-19 VACCINATION PLAN

Key External Partners

- District of Columbia Health and Medical Coalition
 - Representation from the District's hospitals and healthcare facilities
- ImmunizeDC Coalition
 - Representation from District government, healthcare providers, community partners, pharmacies, and the pharmaceutical industry
- The DC Health Scientific Advisory Committee for the Development and Implementation of a Safe, Effective, and Equitable COVID-19 Vaccine Distribution Program in the District of Columbia
 - Representation from local and independent District scientists, clinicians, and community leaders

SCIENTIFIC ADVISORY COMMITTEE

OBJECTIVES

- To advise the Director of DC Health on effective strategies to communicate public health information regarding safety and effectiveness of an eventual COVID-19 vaccine in order to promote vaccine confidence and uptake.
- To advise on messaging and outreach strategies to counter misinformation regarding an eventual COVID-19 vaccine.
- To promote confidence among high-risk populations in an eventual COVID-19 vaccine.

SCIENTIFIC ADVISORY COMMITTEE

RESPONSIBILITIES

- To review and provide technical feedback on data regarding vaccine safety for Phase 3 clinical trials, Phase 4 clinical trials and pharmacovigilance data for all vaccine candidates in the US.
- To review and provide technical feedback on data on vaccine efficacy and quality for all vaccine candidates in the US.
- To review vaccine policy recommendations of the National Academy of Medicine and the CDC's Advisory Committee on Immunization Practices related to priority groups for vaccination.

SCIENTIFIC ADVISORY COMMITTEE

CLINICIAN AND SCIENTIST MEMBERS

- **Dr. Andrea Anderson**
 - Chair, D.C. Board of Medicine
- **Dr. Melissa Clarke**
 - Physician Consultant, 3M Health Information Systems
 - Member, Black Coalition Against COVID-19
- **Dr. Millicent Collins**
 - Board Member, The Medico-Chirurgical Society of the District of Columbia
 - Assistant Professor of Pediatrics, Howard University College of Medicine
- **Dr. Roberta DeBiasi**
 - Chief of Pediatric Infectious Diseases, Children's National Hospital
- **Dr. Melissa Fries**
 - Chair, Women's and Infant's Services, Medstar Washington Hospital Center
- **Dr. Alan Greenberg**
 - Professor and Chair of the Department of Epidemiology and Biostatistics, GWU Milken Institute of Public Health
 - Professor of Medicine and of Microbiology, Immunology and Tropical Medicine, GWU School of Medicine and Health Sciences

SCIENTIFIC ADVISORY COMMITTEE

CLINICIAN AND SCIENTIST MEMBERS

- **Dr. Elmer Huerta**
 - Clinical Professor of Medicine, The GW Medical Faculty Associates
- **Dr. Tamara McCants**
 - Chair, D.C. Board of Pharmacy
 - Director of Residency Programs and Practice Transformation, Howard University College of Pharmacy
- **Dr. J. Desiree Pineda**
 - President, Medical Society of the District of Columbia
- **Dr. Pamela Riley**
 - Medical Director, D.C. Department of Healthcare Finance
- **Dr. Marc Siegel**
 - Associate Professor of Medicine, GWU School of Medicine and Health Sciences

SCIENTIFIC ADVISORY COMMITTEE

COMMUNITY LEADERSHIP MEMBERS

- Reverend Dr. Kendrick Curry
 - President, District of Columbia AARP
 - Pastor, Pennsylvania Baptist Church
- Lupi Quinteros-Grady
 - President and CEO, Latin American Youth Center
- Rhonda Hamilton
 - Ward 6 ANC Commissioner 6D06
- Reverend Dexter Nutall
 - Pastor, New Bethel Baptist Church

SPECIAL ADVISOR

- Dr. Nicole Lurie
 - Former Assistant Secretary of Preparedness and Response, United States Department of Health and Human Services
 - Clinician, Bread for the City

**PROTECT YOURSELF.
PROTECT YOUR FRIENDS AND FAMILY.
PROTECT DC.**

WEAR A MASK

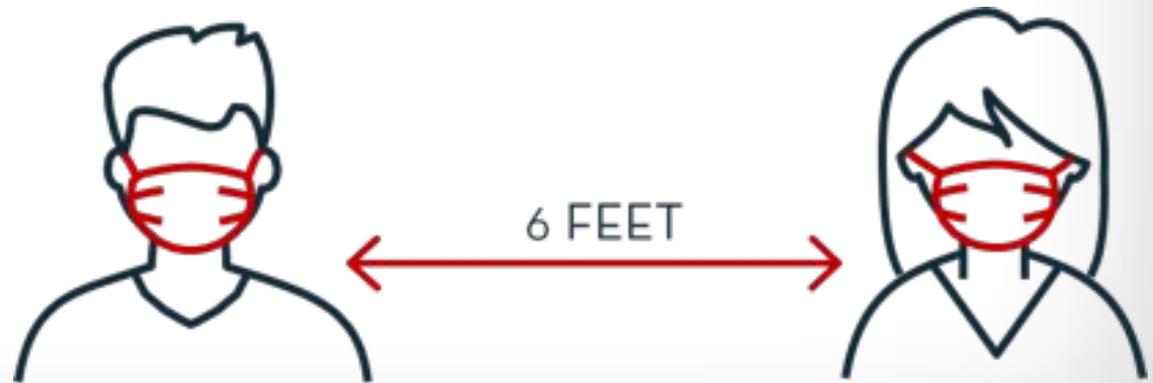
(over your mouth and nose)

- ✓ When you leave home or when visitors come in your home
- ✓ At work
- ✓ Hanging out with friends
- ✓ Visiting family who don't live with you



ALWAYS KEEP AT LEAST SIX FEET OF SPACE BETWEEN YOURSELF AND OTHERS

- Remember:
 - Masks don't replace social distancing
 - Outdoors is better than indoors, but COVID-19 can still spread outside



PRACTICE GOOD HYGIENE



Wash your hands frequently
and avoid touching your face
with unwashed hands.

AVOID OTHER ACTIVITIES IF YOU FEEL SICK



Call your doctor, get a COVID-19 test, and stay home while you wait for your results.

CHOOSE YOUR ACTIVITIES WISELY



Just because you can go
doesn't mean you should go.

Do Your Part, DC



DC | **HEALTH**